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THE CURETTE IN DERMAL THERAPEUTICS.

BY EDWARD WIGGLESWORTH, JR., M. D.

For the purpose of scraping away the mucous membrane of the uterus in endometritis fungosa, the curette was devised by Récamier and adopted by Nélaton and others.[1] For ulcerated uterine carcinomata with superjacent fungous masses, and for chronic hyperplastic endometritis of the body of the womb, it is now employed by Olshausen and many other gynæcologists.[2] The form of the instrument employed is usually that of Sims's curette, an improvement upon Récamier's, or Locock and Simpson's "uterine scraper," originally intended more particularly for the removal of the mucous membrane over submucous fibromata, in order to still bleeding.

It is to Volkmann, of Halle, that we owe the introduction of the scoop into the practice of dermatology, in which the superiority of its merits over those of the knife, of the écraseur, or of caustics, is in many cases very marked.

Different forms have been given to this instrument by Daniells, Schede, and Simon of Heidelberg. That of Simon, somewhat modified, is the one I prefer. The spoon of the scoop should be oval, its long axis being that of the whole instrument. The edges must be very sharp. The shaft should curve slightly, so that the distal end of the spoon alone rests upon the skin. The spoons should be of different sizes to meet varying indications; the shafts of the same size, that they may be screwed into the handle, which should be large enough to afford a firm hold, and be also somewhat roughened. In this way a handle and from three to six blades or shafts, with scoops of varying sizes, may be carried in a case for the pocket. Codman and Shurtleff have made for me the most exact copies of the foreign instruments furnished them.

For the last three years the dermal curette has been employed in Vienna, and in the *Bericht der Klinik und Abtheilung für Hautkranke des Wiener k. k. Allg. Krankenhauses* for 1874, by Dr. Hans Hebra, the good results of the treatment by means of it of various cases of epi-

[1] Trousseau. Gazette des Hôpitaux, No. 21, 1856.
[2] Archiv für Gynækologie, i. page 9.

theliomata, lupus, and especially lupus erythematodes, are given at length.

I have used the scoop as yet in but three cases, two of lupus erythematosus of the face and one of very extensive lupus of the lower leg; in the latter case the patient was etherized. The results have surpassed my anticipations, and in fact left almost nothing to be desired. The time required for the operations was short. The number of operations called for was small. The pain was less than from the use of caustics, and did not last after the conclusion of the scraping process. The time required for a cure was very greatly reduced. There was no expense for medicines. The appearance of the site of the preëxisting disease approximates more nearly to that of its original normal condition than after the use of any caustic. The patients express great satisfaction, one of them saying, "I shall never let any caustic be used upon me again as long as I live."

In the *Wiener medizinische Wochenschrift* for December 18, 1875, Dr. Hans Hebra gives a *résumé* of the results of his three years' experience with the curette in the wards of his father, Professor Hebra, at the royal imperial general hospital of Vienna. The instrument which he uses is made so that the shaft shuts into the handle of the instrument in the manner of a knife-blade.

The indication for the use of the scoop is a large extent of diseased tissue to be removed; small, discrete, pathological formations imbedded in the normal tissue being less well adapted for this method of treatment.

Of the superficial new-formations, epitheliomata are most easily scraped out; next, lupus vulgaris; while lupus erythematosus needs often a more thorough application of strength. There is no danger of scraping away too much; the difference is noticed as soon as healthy tissue is reached. Especially in epitheliomata, also, must great care be taken to thoroughly remove the hard border; otherwise, a return of the disease is to be feared. The bleeding resulting from the use of the curette is usually slight. Wet lint or cotton batting and slight pressure are always sufficient to stop it. There is rarely any fever after the operation.

From two to three days after the scraping a thin, yellow, apparently diphtheritic membrane appears upon the wound, but it means nothing, and results merely from necrosis of particles of tissue which were crushed during the scraping process. In three or four days more this membrane is thrown off, leaving a granulating, healthy wound. If the scraping has been thoroughly effectual, this wound heals with a smooth, soft, rosy cicatrice, a more elegant result than is obtainable from any caustic. For lesions of the face or over joints this procedure is therefore peculiarly adapted, and Dr. Hebra specially mentions cases of lupus over the joints of the fingers, where, after scraping and cicatrization, the

mobility of each individual inter-phalangeal articulation was absolutely perfect.

The scoop may also be employed in the treatment of other diseases of the skin as well as for new-formations. Thus, the elevated, circumscribed, infiltrated patches of chronic eczema may often be with advantage removed in this manner. The callosities of dissectors, butchers, tanners, etc., occurring usually on the backs of the fingers or hands, and yielding but slowly to other remedies, are speedily removed by the curette. Small new spots of psoriasis may be thus removed, and the spread of the disease, as far at least as these foci are concerned, is obviated. Still, relapses are possible. Even old cases of sycosis with much pustulation and papillary hypertrophy may be healed more quickly than by any other means, if the scoop is employed to remove excrescences, and thus open avenues of exit for the deep-seated pus. For the enlarged sebaceous glands of the nose and forehead following severe attacks of variola, and leading at times to lupus erythematodes, the curette may also be used, preferably soon after convalescence from the variola, and the whole tract affected, together with its scars, may be removed with the result of an improvement in the personal appearance. So also in cases of acne vulgaris and rosacea, when specially severe. In various kinds of ulcers, also, the use of the scoop is particularly indicated. Varicose ulcers of the leg often yield more readily to this treatment than to any other; so, too, strumous swellings of the skin and glands. In cases of scrofulous suppurative adenitis the adjacent healthy skin may be preserved by cutting an aperture over the gland with scissors, provided none already exists, and then scraping out the entire gland-capsule with a small curette.

In all these cases we have had to deal with lesions where the epidermis was in an abnormal condition. But the scoop is adapted as well to another group of affections of the skin, namely, lesions due to excess of growth, but in which the epidermis remains uninjured. Thus, warty or hypertrophic nævi and pigment-stains, if small, may be removed at one sitting; if they are large, it is better to destroy a part only at once, thus causing less irritation and producing a cicatrice more closely resembling the normal skin. Vitiligoidea plana or xanthoma palpebrarum is best removed by a small pointed spoon inserted under the epidermis through an aperture artificially made. In this way the entire formation may be removed without loss of blood and without causing the slightest ectropion. Dr. Hebra mentions a case of teleangiectasy thus treated. To his great surprise the loss of blood was very slight, and the bright red spot became much paler after one moderate scraping, which could not, however, be repeated, as the patient, who was in the hospital for another disease, recovered and left.

Many venereal and syphilitic lesions, also, may be treated with ad

vantage by means of the curette. Pointed condylomata, if removed by scissors, return speedily if too little has been snipped away, and if too much is removed, there is a needless loss of substance. The use of the scoop obviates either danger. The base must be thoroughly scraped out. The consequent bleeding not infrequently calls for the employment of some styptic. Broad syphilitic condylomata, from the softness of their component tissues, can be speedily removed. The cure is as speedy from the use of the curette as by any other means, and the severe local pain and inflammatory œdema, as well as the possibility of salivation from mercurial applications, are in this way avoided. Syphilitic ulcerations, like others, often yield most readily to this treatment.

Many other conditions might easily be cited in which the use of the curette would be indicated, but we have said enough to call the attention of the profession to a means of treatment easy of application, cheap, as painless as possible, and giving more speedy and better results than any other as yet known.

MASSAGE IN AMENORRHŒA AND DYSMENORRHŒA.

BY DOUGLAS GRAHAM, M. D., OF BOSTON.

Case I. At fourteen years of age, Miss —— began to menstruate, and this function continued to recur for three years and a half, but was always from ten days to three weeks too late. The menses then ceased for two years and a half, and no local cause could be discovered to account for the interruption. During this interval, tonics, emmenagogues, horseback riding, and a year's travel in Europe were tried, but apparently without effect. Though the physical condition of the patient seemed to be good, — her body well nourished, her complexion ruddy, her sleep and appetite fair, — yet she became more and more low-spirited. For this condition she, or rather her relatives, sought the advice of Dr. Tyler. He at once advised a thorough trial of massage.

In January, 1875, when I began giving her massage, the patient had been in the habit of walking two or three miles daily in suitable weather; but it was only from a sense of duty, and with great effort and disinclination that she did anything, physical or mental. There were no sanguine expectations on her part of benefit from any treatment whatever.

The mode of procedure was manipulation of the whole body, with percussion of the back, resisting movements (acto-passive motion) of the feet, legs, and thighs in all their natural directions, particularly those of abduction and adduction; this treatment was administered every other day. After seven applications of massage, the menses came, and lasted three days, though rather scanty, having been suspended for two years and a

half. Throughout the following month the same treatment was continued, with a view of increasing nerve force, but resisting movements were omitted until within a week of the next expected monthly period. At this time Dr. Tyler prescribed, in addition to massage, tincture of guaiac, in which gin was the menstruum. The menses, this month, appeared five days after what is considered the proper period, though formerly at the best they had always been from ten days to three weeks too late. All treatment was now discontinued until within a week of the next expected return, when tincture of guaiac and massage were resumed. The catamenia this time did not appear until nineteen days after the proper date; this delay was attributed by the patient's friends to the discontinuance of treatment for three weeks. This view would seem to be somewhat favored by the result of the ensuing month, for massage and guaiac were renewed two weeks prior to the hoped-for event, and exactly twenty-eight days from the last flow menstruation recurred again. The quantity each time after the first was what the patient considered about normal. Her mental condition was not improved.

At the first visit this patient's tissues seemed to me to be exceedingly dense, matted, and inelastic; at the fourth visit I found them more supple and elastic, in consistence with her easy mode of living.

In marked contrast with the condition of the tissues observed in the previous case, and with the probable effect of massage upon it, is the flabby, atonic state of muscles resulting from long illness in the following case.

Case II. After unusual exertion and anxiety in nursing her mother and sister, Miss A. suffered great nervous prostration. The trouble at first, the patient said, was all in her head; she was very sleepless and had frequent attacks of hysteria. Several months later she was seized with intestinal catarrh, and as this was accompanied with great pain it aided very much in reducing her. From this she gradually recovered so as to be able to sit up for a few minutes at a time. A persistent back-ache and profuse leucorrhœa appearing called attention to the uterus, which was found to be anteverted. When tenderness had subsided so as to admit a Hodge's pessary, this, with a bandage around the abdomen, afforded great relief. Menstruation was regular as to time, though painful and scanty, lasting but a day and passing only when the patient was sitting up.

In the mean time the hysteria continued, at times closely simulating peritonitis, and her physician, Dr. Nichols, of Cambridge, informed me that hysterical convulsions, mania lasting from a few hours to several days, and transient aphonia were also of common occurrence. Injections of asafœtida alleviated these attacks, and a course of tonics and electricity had improved her so that she could be up four hours daily,

an hour or two at a time. Excepting the occasional use of a vegetable bitter, nothing had been administered for two or three months, when Dr. Nichols "was led to suggest massage because he thought the muscles might in this way receive the exercise which they so much needed, and which the patient could not or would not take in the ordinary way."

Massage was begun in this case in May, 1875, when the patient had been an invalid for over two years. At this time she was taking nothing but a gentle laxative every day. Careful manipulation alone had to be used in this case, as anything like acto-passive motion, except of the feet and arms, was very apt to give rise to abdominal pain, which was frequently referred to one or the other of the ovarian regions, and sometimes followed by hysterical convulsions. After my second visit the laxative was laid aside in the hope that the kneading of the abdomen would produce the same effect; in this we were not disappointed, as she had a natural daily dejection, without medicine. I visited her two or three times a week, and employed massage ten times before her next monthly period. When this arrived the menses came, somewhat to our surprise, while the patient was lying down; the flow appeared in that position the first time in sixteen months, and lasted two days (whereas the usual duration had been but one), with much less pain and bearing down than had been habitual. She was under massage two months longer, and in each the menses came with less discomfort, and while she was in the recumbent posture. This improvement has continued, as I have since been informed.

With regard to the aches, those of the back and head, as well as the uncomfortable feelings in the abdomen, were alleviated at each application of massage, and the patient was greatly soothed, sometimes to sleep. The cold hands and feet were made warmer, not merely for the time, but permanently. The muscles gained in size and firmness, and the patient walked with much less scuffling of the feet and went up and down stairs naturally. But still she was a great invalid, unable to ride in a carriage without suffering pain in the back and abdomen, though she could walk two or three squares with ease. I think that in her great desire to get well she rather overestimated her improvement. Dr. Nichols has recently written me as follows: "That benefit has resulted from the massage seems to me clear. The muscles, especially of the legs, are stronger. With these changes has come improvement in other directions. The severe headaches have mainly disappeared, the catamenia are more natural in quantity, and the pain has greatly abated."

Dr. Stoddard, of Northampton, has very kindly sent me his notes of the two following cases in which he employed massage, not by relegating it to the nurse or one of the patient's relatives, as is usually the way, when it is almost sure to be done in a slipshod manner, or, what is worse, overdone, but by applying it himself.

Case III. "A patient of a spare habit and decided nervous temperament, suffering from chronic inflammation of the uterus, with ulceration, and from nervous prostration, in addition to other troublesome symptoms, was the subject of obstinate sleeplessness, which had obtained for some time before she came under my care. 'Nature's sweet restorer' was usually sought in vain until three or four o'clock A. M., when a couple of hours of uneasy slumber were obtained. At my suggestion she had used various remedial agents, — chloral, bromide of potassium, lupulin, hyoscyamus, and morphine, alone or in combination, — for several weeks, but with indifferent success. One evening I was induced to employ massage for the first time in her case, in the hope of relieving the reflex pain in the back and limbs, which at that time was especially troublesome and persistent. The application proved so agreeable to my patient, and so promptly and effectually relieved the pain for which it was employed, that at the same sitting I extended its use to the rest of the body, and with a very gratifying result; for soon after I left her, a drowsiness which was then quite evident passed into a quiet and refreshing sleep, from which she did not awake until six A. M. Its subsequent employment in this case has never failed, except when severe pain has been present, to secure for her a good night's rest. Furthermore, its regular employment three times a week, for about three weeks after the first trial, not only much improved the capillary circulation, which had been quite languid previously, but seemed to be largely instrumental in securing a regular and healthy menstrual flow, after an absence of at least six months. A variety of emmenagogues had previously been prescribed without effect.

"I take this occasion to state that at the time referred to, this patient had been taking for some weeks a preparation of quinine, strychnia, and phosphoric acid, and was under local treatment for the uterine inflammation, and that in my judgment important indications were met by massage when other remedial agents proved inadequate or were slowly operative. In the case of the same patient, a nervous headache, to which she had been long subject, was always much alleviated by the application of massage to the head."

Case IV. "I have under my care another patient with uterine inflammation of eight or ten years' standing, characterized by an enlarged and indurated cervix and retroflexed body of the uterus, with marked menstrual irregularity and with severe dysmenorrhœa. When she came under my care, some two years since, the approach of the menses was accompanied by excessive pain and a series of hysterico-nervous convulsions. She was also the subject of a variety of reflex symptoms, among which may be cited, as most prominent, pain and tenderness in the sacro-iliac region and over the entire spinal column; sleeplessness; attacks of numbness in the extremities, of a very decided

character, and attended with flexor spasm; a feeling of pressure at the vertex; dyspepsia, and meteorism. For the dysmenorrhœa, and resultant convulsive attacks, the subcutaneous injection of morphia proved the only effective remedy. Happily, local and general treatment has very much modified the tendency to such seizures. But for the relief of some of the more constant reflex symptoms, massage has proved a very hopeful agent. Spinal and sacro-iliac pain and tenderness have been very much relieved by its local use, and its regular employment over the whole body three times a week, while not directly inducing sleep, as in the previous case, has seemed to tranquillize the nervous system and render it more susceptible to chloral and other hypnotics;[1] and the attacks of numbness and flexor spasm have been much diminished in frequency and severity during its use. Applied to the head, massage has had a decided influence in temporarily relieving that sense of fullness at the vertex which is so common and annoying a symptom in uterine disorders. The meteorism in this case has been for several years a persistent and troublesome symptom. I have often seen the abdomen distended to as great a degree as if she were at the close of gestation, tense and tympanitic, and productive of marked dyspnœa and cardiac spasm by the upward pressure. Massage, locally applied, has been more effective in relieving this condition than any other means employed. Repeatedly has its thorough application, extended over a period of fifteen or twenty minutes, been followed by a subsidence of the tympanites and a restoration in good degree of the natural softness of the abdomen, with a corresponding relief of pain. Incidentally, the constipated condition naturally attending such atony of the muscular coat of the intestines has been in a measure corrected by the repeated applications."

Dr. Stoddard remarks, "In these two uterine cases I should have been at my wits' end many times without massage as a remedial agent." Estradire has said,[2] "Let us know how to make use of massage, if need be, in the cases where the physician has sometimes exhausted his therapeutic means, or, formally yielding to the obsessions of his patients, he is obliged to prescribe or to tolerate it, without, however, compromising his medical knowledge; but do not let us use it for everything."

Case V. The only other case of amenorrhœa in which I have known massage to be used was that of a young lady with exophthalmic goitre, whose menses had been absent for seven months. By the advice of her physician she made a six weeks' trial of massage without any benefit resulting except that she was soothed at the time of its application and made to feel more comfortable for the day; sometimes the immediate effect was a temporary reduction of the very rapid pulse.

[1] I think it is in Estradire's work on massage that it is stated that patients undergoing massage are more susceptible to the effects of medicine in general.

[2] Page 130.

RECENT PROGRESS IN THE TREATMENT OF CHILDREN'S DISEASES.[1]

BY D. H. HAYDEN, M. D.

Salicylic Acid. — W. Wagner[2] reports that he has employed this remedy with very satisfactory results in fifteen cases of diphtheria, for older children, employed as a gargle; for younger children, who could not gargle, given internally. The gargle used was as follows: —

℞ Acidi salicylici	1.5	gr. xxiv.
Spiritus vini	1.5	ʒss.
Aquæ destillatæ	150	ʒv.

Fiat gargarismus. S. To be used every hour.

The gargle should be warmed, if crystals become deposited.

For internal use he writes —

℞ Acidi salicylici	0.15–0.3	gr. iiss.–v.

S. To be taken in water or wine.

It is always well borne. A portion passes away unchanged with the stools, and the latter become somewhat constipated.

The same remedy has also proved useful in form of salve, or in powder form, applied to wounds and covered with cotton batting; also in cases of atonic ulcers, and especially in obstinate cases of eczema of the face and head. The ointment is prepared by dissolving the acid in double the quantity of alcohol, and mixing with lard in the proportion of one part of acid to ten parts of lard. The same remedy is also useful in affections of the stomach and intestines accompanied by fermentation or decomposition of their contents.

Dr. Fontheim[3] reports the results of thirty-one cases of diphtheria treated with salicylic acid. No case terminated fatally. The duration of the severest cases was eight days. None of the cases were complicated with inflammation of the kidneys. In one case there was paralysis of the soft palate. In the severe cases Dr. Fontheim removed the diphtheritic membrane by means of a sponge soaked in the solution; and in addition gave every hour a teaspoonful of the solution internally. Salicylic acid passes very rapidly into the urine. Its presence is detected by the violet-blue reaction on the addition of chloride of iron. The solution used by him is —

℞ Acidi salicylici	2.0	ʒss.
Aquæ destillatæ	200.0	ʒvj.
Spiritus vini	q. s.	M.

Dr. Hanow,[4] in six cases of diphtheria treated with salicylic acid, claims to have obtained "wonderful results." According to his experience, after the third or fourth dose the membrane begins to be cast

[1] Concluded from page 133.
[2] Allgemeine medicinische Central-Zeitung, No. 14, 1875.
[3] Memorabilien, xii., 1874.
[4] Berliner klinische Wochenschrift, No. 20, 1875.

off, and so rapidly that masses are vomited up. For adults he uses a solution in the proportion of about one grain and a half of the acid (with sixteen grains of phosphate of soda to increase the solubility) to the ounce of distilled water; for children the solution is made proportionally weaker. He gives from a teaspoonful to a tablespoonful every hour, to be slowly swallowed.

Theod. Schüler (Cüstim)[1] reports the results of treatment in seventy-nine cases of diphtheria, employing in forty-one cases chlorate of potash, in twenty-three cases carbolic acid, and in fifteen cases salicylic acid. In addition to these internal remedies, all the patients were subjected to an energetic treatment with cold-water baths. Of the forty-one cases treated with chlorate of potash, six died. One only of the twenty-three cases treated with carbolic acid proved fatal. Of the twenty-three cases treated with salicylic acid, seven were fatal. The ages of the patients in the six fatal cases treated with chlorate of potash were respectively one, three, four, six, seven, and fourteen years; in each the larynx was affected. In three of the cases treated with chlorate of potash that recovered, the disease had extended into the larynx. The one fatal case treated with carbolic acid was that of a child four years old, and the disease invaded the larynx; eight days previously the patient had been taking chlorate of potash, and the administration of carbolic acid had been begun only two days before death. In three of the twenty-three cases treated with carbolic acid the larynx was affected. The ages of the patients in the seven fatal cases treated with salicylic acid were respectively eleven months, three, four, five, five, six, and seven years. In all these cases the larynx was affected. In one of the cases that recovered the epiglottis was affected; in the others the disease was limited to the tonsils and soft palate.

The salicylic acid was employed exactly according to the method given by Wagner and Fontheim; yet the results differed materially from theirs, not only with respect to the great mortality but also as to the duration of the disease. Four fatal cases, where the larynx was affected, ran their course in three days; three others terminated fatally after a duration of three weeks; four mild cases lasted six to eight days; the remaining had a duration of from three to four weeks.

Whereas Fontheim, in none of his cases, all of which recovered, had inflammation of the kidneys (the absence of which he attributes to the use of salicylic acid), this complication was observed in one of the above fatal cases.

According to the author's experience, therefore, salicylic acid at least works no better than chlorate of potash or carbolic acid; and carbolic acid in his hands has proved the most successful remedy of the three.

Diagnosis of Enlarged Bronchial Glands in Children. — Dr. Eustace

[1] Berliner klinische Wochenschrift, No. 40, 1875.

Smith[1] observes that enlargement of the bronchial glands is a very common lesion in early life. "The seat of the enlarged glands is at the bifurcation of the trachea, and therefore behind the first bone of the sternum, and a little below it. They give rise to dullness on percussion at this spot, and the dullness often extends to each side of the bone, and also downwards to the upper part of the second bone. In the case of young children there is sometimes in health a little dullness in percussing the upper bone of the sternum, produced by the underlying thymus gland; but the dullness does not in such cases reach laterally beyond the limits of the manubrium. In the case of great enlargement of the bronchial glands there may be dullness also behind in the intra-scapular region; but this is rare, on account of the thickness of lung which intervenes between the glands and the posterior wall of the thorax.

"The symptoms by which enlargement of the bronchial glands can be distinguished, namely, distention of the cervical veins, swelling of the neck, dyspnœa, spasmodic cough, and whispering voice, are all pressure signs, due to the encroachment of the swollen body upon the parts around. They are, therefore, not present until the increase in size of the glands has become considerable. In these cases the dullness on percussion is usually marked, and if the glands are of sufficient size to compress the trunks of the large vessels the ordinary stethoscopic signs of such pressure will be heard. At this stage the nature of the case is obvious; but at an earlier period, and before the enlargement has become sufficiently great to give rise to the signs enumerated above, the diagnosis of the lesion is much less easy, as the symptoms by which it is accompanied are few and obscure. At this time much assistance can be gained from the following experiment: If the child be made to bend back the head so that his face become almost horizontal, and the eyes look straight upwards at the ceiling above him, a venous hum, varying in intensity according to the size of the diseased glands, is heard with the stethoscope placed upon the upper bone of the sternum. As the chin is now slowly depressed, the hum becomes less loudly audible, and ceases some time before the head is brought back again into the ordinary position. The explanation of this phenomenon I believe to be that the bending back of the head throws forward the lower end of the trachea, which carries with it the glands lying in its bifurcation; and the left innominate vein, as it passes transversely behind the first bone of the sternum, is pressed between the enlarged glands and the bone. In cases where this sign has been present there has often been some slight dullness over the manubrium, leading one to suspect the existence of enlargement of the glands; and the occurrence of the hum thus produced I now always consider to be evidence confirmatory of the suspicion. The experiment does not succeed in cases of flat chest, where

[1] The Lancet, August 14, 1875.

there is no reason to suspect glandular enlargement; nor can the hum be produced by the thymus gland in a healthy child. This gland lies immediately behind the sternum, in front of the great vessels; enlarged bronchial glands lie behind the vessels in the bifurcation of the trachea. A swelling in front of the vessels does not appear to set up pressure upon the vein when the head is bent back in the position described. I have examined many children with a view to test this point, and in no case have I found the characteristic hum produced except in cases where there was reason, from other symptoms, to suspect the presence of bronchial glandular enlargement."

Enuresis. — At a meeting of the Vienna section of the Medical Society of Lower Austria, held November 10, 1875, Dr. R. Ultzmann made remarks upon the treatment of enuresis in children.[1] Inability to hold the water is not a rare occurrence in children. Boys are observed more frequently than girls with this affection, for the reason that the latter are more apt to conceal the fact. At first, owing to the weakness of the sphincter muscles, the discharge of fæces and of urine occurs without the experience of any sensation on the part of the infant. It is only after the tenth or twelfth month that any sensation accompanies the act; and we cannot properly speak of enuresis in a child under two years of age.

Urinary calculus is a frequent affection of childhood, and, as is well known, has its origin in the uric acid infarctus of new-born children, the small renal calculus descending into the bladder and there becoming the nucleus of a vesical calculus. This lithiasis, as well as cystitis, purulent pyelitis, polypoid growths, etc., can coexist with incontinence of urine; so that in these cases the urine should always be examined, in order, before making a diagnosis of enuresis, to exclude these other affections.

The disease in question can be divided into enuresis diurna and enuresis nocturna; and if it manifests itself day and night Ultzmann calls it enuresis continua. It can make its appearance regularly or periodically. It is not confined, as asserted by some, to the scrofulous, rachitic, or to those affected by worms, etc., but is often found in children of healthy robust constitutions. Sleeping too soundly has been assigned as a cause; but only healthy children sleep long and continuously. Trousseau speaks of a too violent contraction of the neck of the bladder, others of a hyperæsthesia of the mucous membrane of the bladder.

According to Dr. Ultzmann's views, the cause is to be found in an absence of the proper relation between the detrusor and the sphincter muscles; the latter is weakened, and consequently the former's action preponderates. At night, when volition ceases to exercise any control, this affection, when there exists a predisposition to it, manifests itself.

[1] Allgemeine Wiener medicinische Zeitung; Allgemeine medicinische Central-Zeitung, November 24, 1875.

The treatment recommended is based upon this theory, and consists in measures to strengthen the sphincter muscle. The remedy employed, which is not claimed to be new, is the induced current, the method of its employment being a modified one. It was formerly the custom to apply one pole through the urethra to the prostatic portion, which is a very difficult proceeding with infants, owing to the narrowness of the urethra. This operation, however, is not always free from danger, and is, moreover, liable to cause urethritis or cystitis. The urine often becomes decomposed, and the patient is consequently made worse.

During the last two years Dr. Ultzmann has been in the habit of applying the induced current indirectly to the neck of the bladder by placing in the rectum or vagina a thin rod of brass, the end of which is connected with one pole, while the other pole is applied to the pubes or thigh. Each application lasts from five to ten minutes, and is made daily. The duration of treatment extends from four to six weeks.

Of nine cases thus treated (five girls and four boys) there was a decided improvement in all. The enuresis continua became in a short time a nocturnal one, and the enuresis diurna a periodical one. Four cases were completely cured. In four cases there was a relapse, but on resuming treatment recovery always followed. Of the nine reported cases three were brothers, respectively five, six, and eight years old. These three were much improved by the treatment.

The same treatment has proved very beneficial also in adults, especially in women when the incontinence has followed severe confinements, two such cases having come under treatment.

The good result of this treatment is explained anatomically by the fact that the nerves of the rectum are the hæmorrhoideus medius et inferior, which come from the plexus pudendalis and sacro-coccygeus. These nerves supply also the bladder, and consequently the muscular contractility of the latter is thus excited.

Dr. Fleischmann remarked that he had experienced equally extraordinary results with this treatment in the case of a half-idiot boy who had a continual incontinence of both urine and fæces day and night. He recommended, however, that in the case of girls the metal rod be always introduced into the rectum, and not into the vagina, as there was no urgent necessity of placing it in the latter. With regard to internal treatment, he had seen excellent results from the use of belladonna. After the patient had taken from five to six grammes (four to five scruples) complete recovery had taken place, and no relapses. When, therefore, success did not follow the use of electricity, he recommended a trial of belladonna or strychnine.

Dr. Winternitz had observed a disappearance of this disease take place coincidently with an outbreak of eczema on the nates, and in addition recommended cold-water irrigation by means of Atzberg's apparatus.

Fæcal Residue of Milk-Digestion. — Hans Wegscheider reports[1] a series of experiments made in the laboratory of Hoppe-Seyler for the purpose of studying the end-products of digestion as found in the fæces of infants that have been brought up exclusively on breast-milk, the ingesta being thus perfectly known.

The results arrived at were as follows: —

(1.) The albuminous material of the mother's milk is entirely absorbed.

(2.) The so-called milk detritus is not undigested casein, but principally fat, and very probably remnants of intestinal epithelium.

(3.) The fat is not all absorbed, as is the case with the albumen; but a portion leaves the intestinal canal as soap, another as free fatty acids, and perhaps a portion as unchanged fat. It is very remarkable that, where the infant's exclusive food is the mother's milk, and the fat consequently present only in small quantity, and finely suspended in a form to be absorbed most easily, instead of an infinitely small amount we should find in the fæces a goodly determinable proportion of fat.

(4.) In the first few weeks of infant life the formation of biliary coloring matter is constantly and distinctly to be found; later it is complete. In mild intestinal troubles the biliverdin is increased, probably owing to the increased acidity of the intestinal contents.

(5.) The relative proportion of cholesterine is the same as in the adult and fœtus.

(6.) Of the ferments of the intestinal canal the diastatic was present in small quantity, that of the pancreas only in traces. Pepsine was entirely absent.

Professor Demme[2] attributes as a frequent cause of diarrhœa in very young infants brought up exclusively at the breast the condition of the mother's milk. In several such cases an analysis by himself showed the reaction to be faintly acid; there was an abnormally large amount of fat; and colostrum-corpuscles were observed two to three weeks after the birth of the child.

At the autopsy of four children a few weeks old, who had died of entero-catarrh, all at the breast, there were found but very slight changes in the stomach; in the small intestines, on the contrary, and in the beginning of the large intestines, the mucous membrane was in a high degree swollen; and in certain parts of the small intestines there was an enlargement of the follicles. There was found also mixed with the intestinal contents a large quantity of dirty-colored, swollen epithelium, filled with a granular detritus.

The remedy for such diarrhœas lies in furnishing a proper substitute for the mother's milk. All substances containing starch must be forbidden; also Liebig's and Nestle's food, inasmuch as at this early age the

[1] Inaugural Dissertation. Deutsches Zeitschrift für praktische Medicin, No. 44, 1875.

[2] Twelfth Annual Report of the Children's Hospital in Berne. 1875.

naturally imperfect powers of digestion are still further reduced by the intestinal troubles and the accompanying disturbance in the functions of the pancreas and parotid glands.

The author recommends as a food for such cases the white of one egg (or less) in from five to ten ounces of water, previously boiled, with the addition of condensed milk (three to five drachms) for the twenty-four hours. The quantity can be gradually increased up to the end of the fourth week, when two to three times the above amount may be given. The milk of other animals or cream should never be used, owing to their richness in fat. The use of metallic astringents in these cases is objected to.

For children from one and a half to two years old, and in perfect health, a thoroughly prepared pap made with flour is recommended to be given once or twice daily. With weakly and delicate children at this age Liebig's or Nestle's food is preferable. For preparation of pap biscuits should not be used, owing to the butter contained in them.

VISION: ITS OPTICAL DEFECTS.[1]

This book is divided into three parts. The first contains a brief account of the theory of light, and the elementary laws of reflection and refraction. The second treats of physiological optics, and includes illustrations of various patterns of spectacles. The third describes the errors of refraction and defects of accommodation of the eye, and the methods of correcting them. The whole is written in popular form, with quotations from Donders and others interspersed. It cannot be said to fill any very important gap in medical literature.

O. F. W.

CLINICAL STUDIES OF PHTHISIS.[2]

This book contains an analysis, in the author's lucid style, of the notes which he had made in several hundred cases in hospital and private practice.

Among other conclusions which he arrived at from the study of these cases we find that *occupation* has an agency in the ætiology of phthisis, in so far as it is sedentary and involves confinement within doors. Phthisis is rarely preceded by pleurisy or acute lobar pneumonia. There is no evidence that bronchitis has a causative influence in the development of phthisis. The existence of perineal fistula is rather favorable in a case of consumption, and non-interference is advised. A family predisposition to phthisis does not weigh heavily against the probability of either recovery, arrest, or slowness of progress. Life is prolonged by the use of cod-liver oil. These are only a very few of the topics touched upon, and we commend the book to the perusal of all interested in the study of this disease.

[1] *Vision: Its Optical Defects, and the Adaptation of Spectacles.* By C. S. Fenner, M. D. Philadelphia: Lindsay and Blakiston. 1875.

[2] *Phthisis: A Series of Clinical Studies.* By Austin Flint, M. D. Philadelphia: H. C. Lea. 1875.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

JAMES R. CHADWICK, M. D., SECRETARY.

DECEMBER 18, 1875. The President, DR. H. W. WILLIAMS, in the chair.

A New Method of Resuscitation in Suspended Animation, with Apparatus. — The paper, read by DR. A. YOUNG, is reserved for publication.

A Specimen of Sarcoma of the Uterus was presented by DR. J. R. CHADWICK. It was taken from a patient whom he had seen in consultation with Dr. I. F. Galloupe, of Lynn, in July last. She was sixty years of age, had been in feeble health for a year, and for several months had been complaining of soreness and intermittent lancinating pains in the uterine region. She had had a slight, but constant, loss of blood for four months, and a profuse hæmorrhage on two occasions. She was feeble, but not emaciated or cachectic. The abdominal examination revealed nothing abnormal. Per vaginam the uterus was felt to be in extreme retroflexion, from which position it could not be raised, either by the fingers or by the uterine sound. The cervix was of normal size and appearance; the fundus was sensibly enlarged, but so soft and boggy that its contour could not be distinctly defined. The sound showed the cavity to be three inches long; the introduction of the instrument caused a slight flow of blood. The diagnosis lay between sarcoma of the fundus and a general hypertrophy of the mucous membrane lining the uterine cavity. Dilatation of the cervix and removal of the contents of the uterus were recommended as the only means of settling the diagnosis, and as being, in either alternative, the proper treatment. This proposition being assented to, tents were immediately introduced, and on the following day the mucous membrane of the uterine cavity was felt to be thickened and corrugated; it was all removed by scraping with Simon's sharp spoon; the oozing of blood was checked by a tampon soaked in a strong solution of perchloride of iron. The shreds of tissue removed were examined by Dr. Fitz microscopically, with undecisive result. The tissues were very rich in cells, creating a suspicion of sarcoma, but not excluding the possibility of simple hypertrophy. The patient subsequently passed through the hands of many physicians, male and female, regular, irregular, and defective; the constant oozing of blood persisting, she slowly failed, and died November 21st, four months after the operation.

At the autopsy, made by Dr. R. H. Fitz, the body was found to be much emaciated; the thoracic organs were healthy, as were the kidneys and spleen. "The stomach presented the appearances of chronic catarrhal gastritis. The pelvis was filled with a soft solid mass, imbedded in which were the diseased uterus and ovaries.

"The uterus measured five inches in length and three in width; its walls were of normal thickness, friable, of grayish opaque color, and of spotted appearance. The cavity was somewhat enlarged; its surface was of pinkish hue, and entirely composed of soft nodules and shreds of decomposed tissue; there was no trace of the normal mucous membrane. This condition extended to, but did not include, the external os, which was of perfectly healthy aspect. The vagina was free, except for a small patch of infiltration in the vicinity of the

urethra. The rectum and bladder were relatively healthy. Both ovaries were closely adherent to the surrounding parts; one was as large as a small apple, soft, reddish-gray on section, and without the least trace of the normal ovary. The exterior of the uterus and the pelvic cellular tissue were infiltrated with the new formation, so that the pelvis was completely filled. The growth extended along the spine, especially in the glands. The supra-renal capsules were soft, and as large as figs. The liver contained many nodules, some as large as peaches; those near the surface were slightly umbilicated. On section the nodules were somewhat elevated, of yellowish-white color and a very soft consistency. The rest of the liver was healthy.

"The structure of the growth was that of a round-cell sarcoma — abundant round cells, with a delicate fibrous stroma."

Dr. Chadwick referred briefly to the paper in which Virchow[1] first called attention to this form of growth in the uterus, and to the cases subsequently reported by Gusserow,[2] Hegar,[3] Winckel,[4] Chroback,[5] Jenks,[6] Hayden,[7] and A. Simpson.[8] He pointed out that sarcoma in the uterus differed from carcinoma in having its site in the fundus of the organ, in being more painful and more likely to be attended with hæmorrhage in the early stages, and in its slower growth. The rate of growth in this instance must be regarded as exceptionally rapid. He had seen one or two other cases of this disease, and believed it to be much less rare than was commonly supposed.

A Specimen of Fibroid Tumor of the Uterus complicated with Peritoneal Sarcoma, from a patient of Dr. F. A. Harris, was presented by Dr. Chadwick, who had seen the case in consultation. Dr. Harris's account of the case was as follows: —

"The patient had been a widow for twelve years, had never borne children or had a miscarriage. Her complexion had been sallow for nearly three years. She had had a cough, dyspnœa, and cardiac pain for many years, but had kept to her work as a supernumerary at the theatres until six weeks ago. Nearly two years ago, during a severe attack of menorrhagia, to which she was subject, a relative, who was a professional nurse, thought she discovered an abdominal tumor, but did not mention the fact to the patient; the latter had become aware of the tumor within a very few months only, and had suffered no pain or inconvenience from it. Her increasing cough, dyspnœa, and œdema of the lower extremities had compelled her to take to bed about six weeks ago; since that time she had been treated by another physician.

"I first saw the case in company with Dr. J. C. Harris, of Arlington, on December 9, 1876. The patient was extremely prostrated, with a rapid, feeble pulse, a hurried respiration, a wearing cough, and a dry, furred tongue. The

[1] Die Krankhaften Geschwülste, i. 357.
[2] Archiv für Gynækologie, i. 2.
[3] Archiv für Gynækologie, ii. 1.
[4] Archiv für Gynækologie, iii. 2.
[5] Archiv für Gynækologie, iv. 3.
[6] Obstetrical Journal of Great Britain. American Supplement to Vol. I., Nos. 7 and 8, 1873.
[7] Boston Medical and Surgical Journal, June 18, 1874.
[8] Edinburgh Medical Journal, January, 1876.

lower extremities were very œdematous, and examination of the abdomen revealed the presence of a large tumor as well as much ascitic fluid.

"I called to my aid Dr. J. R. Chadwick, who, after a careful examination, advised removal of the ascitic fluid, with the view of relieving the dyspnœa, as the stethoscope showed a considerable amount of œdema in the lower portions of both lungs, as well as a very loud souffle with the heart-sounds. The operation was performed, and about four quarts of fluid were removed by the aspirator with the greatest relief to the patient, the pulse coming down from 120 to 94, and the respiration from 40 to 20; she slept quietly during the night with one eighth of a grain of morphine, thus having, as she said, the first sleep she had had in four weeks. The next day her condition was slightly improved, but in the night the dyspnœa became again alarming, and paracentesis abdominis was again performed, on the left side (the previous operation having been on the right), and four quarts more of fluid were removed with great relief.

"The patient, though free from suffering, failed gradually, and died on the morning of December 13th. No exact diagnosis had been attempted under the circumstances, but from the history and condition of the patient, and especially from the anasarca and the very small nodules felt on the surface of the tumor, some form of cancer had been suspected."

Dr. Fitz gave the following account of the autopsy, made by him on the next day after death: —

"The body was emaciated. The heart was of normal size and color; its valves and cavities apparently healthy. Lungs free from adhesions; both œdematous; the pleural surface of the left lung, near the root, presented rare, small, soft nodules of new-formation. A circumscribed nodule, the size of a cherry, on the left upper lobe. The abdominal cavity contained about a pint of clear yellow fluid; the peritoneal surface throughout was studded with nodules varying in size from that of a pea to that of a pigeon's egg, of about the consistency of a spleen, and in color reddish-white or red; apparently lying upon the peritoneum, they were evidently just beneath its superficial layers. The omentum was a heavy, nodulated mass, suggestive of clusters of grapes lying in close apposition. The abdominal organs presented no unusual appearance. In the anterior wall of the uterus was a fibro-myoma extending upwards into the abdominal cavity as far as the umbilicus. The uterus was retroverted, its cavity nearly five inches in length and four in width. In the posterior wall, near the cervix, was a hard, white fibro-myoma, of the size of a large plum. The larger tumor was soft, suggesting an indistinct fluctuation. The cut surface was yellow, in parts dotted with orange, and contained occasional small cavities filled with a puriform material. The tissue was extensively fatty degenerated, and very readily broken. The peritoneal surface of the tumor was studded with small sarcomatous nodules. The structure of the peritoneal growth was composed mainly of large cells, stellate, fusiform, long, narrow, and flat, with large and multiple nuclei. The cells were abundantly fatty and granular; the intercellular substance was slight, in part fibrillated, in part more homogeneous, the cells apparently in close apposition. The whiter tumors contained relatively few blood-vessels, while in the red nodules

they were very numerous. The growth presented the characteristics of a medullary sarcoma."

Dr. Chadwick pointed out the interest attaching to the two specimens with reference to the different distribution of the sarcoma; in one instance the dissemination was apparently from the pelvic organs along the lymphatic glands on the spine, and thence throughout the liver, probably following the ramification of the portal vessels. In the other case, the disease was apparently limited to the peritoneum at the outset; the metastatic nodules in the lungs most probably having taken place by the way of embolism.

Limited Responsibility, with a Discussion of the Pomeroy Case. — The paper, read by Dr. C. F. Folsom, was published in The Boston Medical and Surgical Journal for December 30, 1875.

A Battery for Therapeutic Purposes was shown by Dr. S. G. Webber; it was made by Fleming and Talbot, of Philadelphia, and is convenient because it is light (fourteen pounds); it is compact, easily managed, not liable to get out of order, and has a current of sufficient intensity. Thirty cells are so arranged in sets that the elements of only ten need be immersed at once. The current can be increased in strength by single cells or any number of cells. The direction of the current can be reversed at will. The strength of the acid solution given in the directions is greater than is necessary.

A United Fracture in the Radius of a Horse that had been treated by Dr. Henry Barnes, of Marlborough, was exhibited by Dr. H. J. Barnes. The fracture was in the lower third, and had been caused by the kick of another animal. The horse was, after the accident, partially suspended in a swing, the hind feet resting on the floor. Stiff sole-leather was molded to fit the limb, and kept in position by straps over the shoulders. The horse submitted quietly to the treatment, and a very good result had been obtained without swelling or perceptible inflammation, when the animal slipped its halter, reared, and, falling from the sling, again separated the fragments. The limb was put up as before, becoming this time greatly swollen and inflamed; a good recovery, however, was made, without shortening or lameness.

THE EDUCATION OF THE BLIND.

Fifty years ago there was no public provision in the United States for the education of the blind; now, there are twenty-seven public institutions designed especially for their instruction. The mental and moral condition of the blind in this country has been very greatly improved during this period, and is superior to that of the same class in other Christian countries. Dr. Howe says, in one of his reports: "In England and all over the Continent the blind are still regarded as a class of dependents, and to most people the appearance of a blind person instantly suggests the idea of beggary. The efforts organized in Europe during the present century for the assistance of the blind and the amelioration of their condition have met with considerable success; but any one who passes by the church-yards and through the thronged streets of the larger European cities, is frequently and forcibly reminded of old Bartimeus begging

from the passers-by, cap in hand." A blind man in this country is far from being considered in any such light. Among the graduates of our schools for the blind are to be found not only skillful mechanics, but also able musicians, teachers, and writers. The institution for the blind at South Boston has been chiefly instrumental in raising this unfortunate class to their present condition. The blind of New England particularly are a striking example of what may be accomplished by our system of instruction. The importance of this work may be estimated when we take into account the number of blind in the United States. This does not fall short of twenty-seven thousand, of whom two thousand five hundred are in New England, and one thousand in Massachusetts.

In view, then, of what has been accomplished by the late able director of the South Boston institution, we presume a brief sketch of the history of that charity will not be without interest to our readers.

In 1827 or 1828 several gentlemen in Boston became interested in the matter of educating the blind, through the exertions of Dr. John D. Fisher, and formed themselves into a society. They raised a small sum by subscription to begin a school; aid was soon obtained from the State in the form of an annual grant of money. To these funds were added several munificent endowments, most prominent among which was that of Col. Thomas H. Perkins, whose name has been permanently connected with that of the institution. It is said that Dr. Fisher, in looking about for a suitable person to take charge of the institution, heard of Dr. Howe, then a young man fresh from his exploits in Greece. Dr. Fisher proposed the undertaking to him; Howe without a moment's hesitation exclaimed, "Why, that is just what I should like to do!" The last report, issued in October, 1875, bears the same stamp of ardor which has been characteristic of the man during his entire stewardship. With such a leader it is not surprising that the institution bears a high record.

It is important to remember that the term asylum, although appearing in the title, is a misnomer. The blind are not furnished with a permanent home; it is intended to give them merely a thorough practical education, to enable them to become self-supporting. To this end, a system of instruction and training has been adopted which differs from those used in our public schools only in being adapted to the peculiarities of the class of persons for whose special benefit it is intended. This embraces study in the school-room, accompanied by oral instruction, lessons and practice in vocal and instrumental music, training in tuning and repairing piano-fortes, instruction in some simple trade or domestic occupation, and careful physical training. There is a large library of books in embossed letters of various kinds, printed in this country and in Europe; a circulating library is connected with it, from which the blind from all parts of the country are able to borrow. The printing type first introduced from Europe were found objectionable, and after a series of unsuccessful trials Dr. Howe had glass types cast, which have taken the place of all other kinds. Attempts were made in the sixteenth century to print for the blind in raised letters, and in the *Annual Register* for 1762 it is stated that Mlle. Salignac, a blind lady, received communications from her friends written by pricking the letters on paper with a pin. Until the present century, how-

ever, little progress had been made. About the time the asylum was founded, printing for the blind was introduced into England, having already been used in France for nearly forty years. A great variety of alphabets have been invented. The well-known Braille system, introduced about the year 1839 in Paris, consists in an arrangement of tangible points, and is much used, particularly in Europe. Dr. Howe's alphabet consists in a modification of the lower-case Roman type, and is the principal reading type now in use in all the institutions of the United States. About fifty different works have been printed in this type at South Boston. The printing office is now closed for want of funds; meanwhile the blind are furnished with books by the American Printing House in the Institution for the Blind at Louisville, where a great many valuable improvements in this kind of printing have been made. It will be seen that the blind have quite a wide field of literature open to them for their personal perusal. Many, indeed, attain high literary culture. One pupil has graduated with honor at Harvard, another at the Divinity School, and a third has become Superintendent of the Tennessee Institution for the Blind. In addition to the ordinary trades of chair and mattress making, piano tuning, etc., it is hoped to open a new field by employing the blind in telegraph stations. This seems a very suitable occupation for them.

As it has been found much to the advantage of the blind not to be congregated together, it is thought that the training and teaching of a considerable portion of them will before long devolve upon our common schools. This is at least the idea towards which all recent improvements have been directed. The cottage system has been substituted at South Boston for the old plan of keeping all ages and both sexes in one building, and it has proved vastly superior.

The separation of the sexes Dr. Howe considered of the highest importance, intermarriage between defectives of whatever class being deemed a leading cause of perpetuation of peculiarities of body and character, from the parent to the offspring. He would not, however, advise the blind for this reason to abstain altogether from marriage. The strong recuperative power of nature from any morbid condition might by suitable intermarriage counteract the tendency to reproduce these infirmities in future generations. The cottage system favors social relations with the neighborhood in a way that is not possible when all are congregated under one roof, and is a step towards the separation of the blind from one another and bringing them in contact with the outer world.

We have not mentioned the case of Laura Bridgman, Dr. Howe's greatest triumph. A brief sketch of her history is given in one of his late reports. It was in the early years of his labors that Dr. Howe heard of her, sought her out, then a little girl of five years, in a small New England village, and took her to his own home. Not only deaf, dumb, and blind, she was also nearly devoid of the sense of smell. By means of the sense of touch alone, through years of unceasing care, she has been elevated into a highly educated and refined woman. Oliver Caswell's education was a triumph of a similar character.

It may be mentioned in conclusion that the work of our institution has not

been confined to this country. The Royal Normal College and Academy of Music for the Blind in London, England, is an offspring, established mainly by Mr. F. J. Campbell, who was a teacher at South Boston during eleven years, assisted by a corps of teachers trained here also. The blind of this country will have good reason to look upon the man who organized and directed personally the leading school of the blind for nearly half a century as one of their greatest benefactors.

RAPID CURE OF ACUTE RHEUMATISM WITH SALICYLIC ACID.

THE first number of the *Berliner klinische Wochenschrift* for the new year contains an article on the treatment of polyarthritis rheumatica with salicylic acid, containing such interesting statements, and emanating from so high an authority as Professor Traube, that we hasten to give some account of it to our readers. The cases occurred in Traube's clinic, and are reported by one of his assistants, Dr. Stricker. The latter states that for several months past all the patients affected with acute rheumatism in whom the local symptoms were well marked have been treated with salicylic acid, and that in all cases at the end of forty-eight hours, frequently much sooner, there was not only a return to the normal temperature, but also a complete disappearance of swelling, redness, and particularly of pain in the joints. Dr. Stricker proclaims boldly that the experience which he has obtained in these cases cannot be attributed in any way to chance, and that salicylic acid must therefore, entirely apart from its antipyretic action, be looked upon as having a specific action on acute rheumatism and affording a means of the radical cure of the disease.

It is quite important that a pure pulverized acid should be obtained. When carefully prepared and pure the crystals are very white and glistening needles, without smell, and soluble without cloudiness in water and alcohol. In this form it can be given in large doses without disturbing the digestion. It is administered in a wafer, to protect the mucous membrane of the mouth and pharynx from dryness and burning, which sometimes follow contact with the crystals. The dose is from one half a gramme to a gramme, or seven and one half to fifteen grains, and is given every hour until the diseased joints can be moved without pain. To effect this it may be necessary to administer as much as fifteen grammes, never less than five grammes. This treatment produces increased perspiration, tinnitus aurium, and deafness, and rarely some mental exhilaration, symptoms which hardly contraindicate its use. The treatment should be begun early in the morning, and is occasionally complete before night. In one case an enthusiastic patient took, without leave, twenty-two grammes in the space of twelve hours without the slightest gastric disturbance. Meanwhile the tongue, which was heavily coated, had cleaned up, and the lost appetite returned. The effect of the drug upon the secondary inflammations, particularly those of the pericardium, have not yet been sufficiently studied, the material for that purpose not having been adequate. The whole number of cases thus treated is but fourteen; the effects of the treatment are so uniform, however, that the profession is strongly urged to try it. This method

has, we believe, also been carried out by another Berlin physician with success. The first of Stricker's cases only is given in the number of the journal to which we have referred; the account of the others will follow. In this case there was considerable elevation of temperature, while several phalangeal joints of the left foot, the left knee, the shoulder, and the wrist were slightly reddened, swollen, and exceedingly painful. The patient had been sick several days; treatment was begun in the evening, and by the following afternoon all the joints were well, while his appetite had returned with great vigor.

Although the data are far from sufficient to establish the claim made for the drug in the treatment of the disease in question, the name of Professor Traube furnishes an indorsement to the facts which does not permit them to be treated lightly. We shall await with much interest the report of other cases and the results of a general trial of the remedy, which will be sure to follow this somewhat startling announcement. In the mean time it would be well, keeping in mind the experience with regard to the "Löstorfer corpuscles," not to let our expectations be raised too high.

MEDICAL NOTES.

— The Transactions of the Medical Society of New Jersey for 1875 have recently appeared. This is one of the oldest medical societies in this country, having been established in the year 1766. A species of centennial supplement accompanies the report of the present year, being an abstract of the proceedings of the society from its foundation to the year 1800. In the proceedings dated November 6, 1787, we notice the following: "On motion, resolved that the president be requested to write to the President of the Medical Society of the State of Massachusetts Bay and acquaint him with the rise, progress, and present state of the New Jersey Medical Society, and to solicit a similar communication from him relative to that society, and also to propose a correspondence between the societies; and that the president be further requested to lay a copy of his letter and answer thereto (if he should receive any) before the society at the next stated meeting." At the meeting of May 6, 1788, "the president informed the society that agreeably to their request, at the last meeting, he had written to Doctor James Lloyd, of Boston, supposing him to be the President of the Massachusetts Medical Society, on the subject proposed, and had received an answer, together with a copy of the charter of incorporation of the said society, which were laid before the society and read.

"Ordered, that the copy of the charter of incorporation of the Massachusetts Medical Society be preserved among the archives of this society."

We trust that in this centennial year the old friendship so auspiciously begun one hundred years ago will not be forgotten.

— Medicated ice is recommended by Dr. Edward Martin in *The Lancet* of January 8, 1876, as of use in the sore throat of scarlatina and other diseases. Young children cannot gargle, and to attempt to apply the brush or spray to the throat often fills them with terror. Yet these little ones will usually suck bits of ice greedily. Dr. Martin has of late been trying with them an ice

formed of a frozen solution of sulphurous acid or other antiseptic. Though not so tasteless as pure ice, the flavor is so much lessened by the low temperature that the little patients generally take the medicated ice readily. To prepare it, a large test-tube is immersed in a mixture of pounded ice and salt, and in the tube the solution is readily frozen. When quite solid, a momentary dip of the tube in hot water enables one to turn out the cylinder of ice. Three formulæ are given, to the first of which Dr. Martin is most favorable: (1.) Sulphurous acid, half a drachm; water, seven drachms and a half: mix and freeze. (2.) Chlorate of potash, one scruple; water, one ounce: dissolve and freeze. (3.) Solution of chlorinated soda, half a drachm; water, one ounce: mix and freeze. Boracic acid, salicylic acid, or any other harmless antiseptic with not too much taste would doubtless also be useful.

— Italian and German journals give an account of an epidemic which has been observed in the vicinity of Rome, and of which the origin is rather curious. A large number of people were affected with gastro-intestinal irritation, characterized by diarrhœa, vomiting, intense thirst, and a marked diminution in temperature and in the frequency of the pulse. After considerable research, physicians began to suspect the goats' milk, which is in general use with the people. The animals were examined by the veterinary surgeon and pronounced to be healthy. The milk of the animals and the dejections of the patients were analyzed. Not any traces of metallic poisons could be found. Suspicions then fastened themselves upon the pasture ground of the goats, and there were found four plants more or less poisonous: *Clematis vitalba*, *Conium maculatum*, *Colchicum autumnale*, and *Plumbago Europæa*. The vomitus and the milk, when analyzed anew, presented the peculiar chemical reactions for colchicine.

— Dr. Jules Boeckel, of Strasbourg, has reported to the medical society of that city the case of a patient who entered the hospital complaining of severe pains in the lower part of the abdomen. Purgatives failing to give relief, and the pains becoming more severe, the patient told the attendant that five or six days before, one of her friends, taking advantage of her drunken condition, had introduced into the patient's rectum a number of snails. On exploration fifty-two snails were speedily removed, and by means of injections of oil the number was increased to seventy. The mollusks, though dead, appeared not to have undergone any maceration or digestion.

— The *Lyon Médical* for December 19, 1875, calls attention to the report upon the illegal practice of medicine presented to the Association of the Physicians of the Gironde by the committee of professional defense. This report, made by M. Rousseau Saint-Philippe, is described as a veritable work of art, of extreme delicacy, and good taste. It seems that in times past the Association of the Physicians of the Gironde have attempted to repress the practice of empirics, and in 1861 active measures were taken in this direction. The authorities, however, contented themselves with condemning one individual, and then ceased from further prosecutions. For twelve succeeding years the association awaited a revision of the laws regarding the illegal practice of medicine, and during this time charlatans continued to practice under the paternal eye of those charged with enforcing the laws. At length, however, tired with waiting,

the association, at its session on March 24, 1875, appointed a committee of professional defense to coöperate with the state authorities against the enemies of legitimate medicine. Soon after its appointment the committee, composed of eighteen members, had a long and painstaking session. Assurance was given of the favorable disposition of the public authorities, and that the plans of the committee should be received and listened to by them. It was decided to appoint from the committee a permanent sub-commission, to have charge of the details of the work, and to summon the entire commission when important questions demanded it. The sub-commission pursued its work with activity, and yet much circumspection and prudence were needed. A catalogue of all the facts connected with the illegal practice of medicine was made, accounts of the persons engaged in it, their fees, etc. When the lists were prepared they were placed in the hands of the attorney of the republic. The offenders were classified under one of six divisions.

In accomplishing so much as has been related, the committee reported that they felt they had made real progress. Better results might be expected in the future. Already the moral effect was considerable. A salutary agitation had been created, alarm had been given to the local powers of justice, a holy fear — the beginning of wisdom — had been inspired among the charlatans, and, in fine, full satisfaction had been given to one of the most pressing demands of the medical profession.

In view of this report the *Lyon Médical* recommends that a similar commission be instituted by the association of the physicians of the Rhone.

LETTER FROM TENNESSEE.

Messrs. Editors, — There is frequent inquiry in regard to the climate of this region, and the advantages of this section as a health resort. Many complain of the rigor of Northern winters, and ask if some point cannot be found in the South where it is not excessively hot in summer and at the same time free from fatal diseases. East Tennessee is so far from the Gulf coast and Mississippi bottoms that there is freedom from excessive heat and malarious influences. It is about one thousand feet above the sea-level, and is inclosed by mountains much higher, so that its summer heat is never oppressive, and as it is situated between the thirty-sixth and thirty-eighth parallels of latitude its winters cannot be very cold. The streams are rapid, and no alluvial flats exist to originate malaria. Acute thoracic affections often occur in the cooler months, but consumption cannot be considered common. Indeed, tubercular phthisis is rather rarely met with among the native white population. There are very many people now resident in this region who came from the North to escape threatening lung affections, and are in good health. Asthma is almost invariably relieved upon the sufferer's arrival, and generally cured after a short residence. There are many evidences of this fact to be met with in and about Knoxville. Nasal catarrh is also much relieved, if not cured, after a short time; many persons have come here from the Atlantic coast and the Lake region with satis-

factory results. Persons who have long suffered from malarial diseases are generally much improved in health after a few weeks or months.

Diarrhœal affections among children are not prevalent during the hot months; most cases met with occur in May or June, and are caused by derangements of the primæ viæ. August and September are often our healthiest months among all ages.

Dr. Van Bibber, in his paper read at the last meeting of the American Public Health Association, says, "There are three localities where consumptives may go: (1.) On the Cumberland Mountains. (2.) Western North Carolina, South Carolina, and Georgia, of which Asheville and Aiken are the centres. (3.) North Florida." East Tennessee, it will be seen, lies about midway between the first and second of these localities. The following division of the year is suggested to invalids in regard to these three localities. The hottest months may be spent in the mountain regions, either east or west of East Tennessee. The spring and autumn months are always pleasant in or near Knoxville. The cold winter months may be spent in Florida. The happiest mean of temperature is found between the Cumberland and Unaka ranges of mountains, embracing an extent of from fifty to eighty miles. Facilities for change of residence are abundant.

So far as it is important that consumptives should go where they can spend much of their time in the open air, that requisite can be carried out anywhere in this mild and elevated region. In Knoxville there are but few days in the year when an invalid cannot be out-of-doors without suffering from either heat or cold. Heavy rains alone will keep him in the house.

There have been four fatal cases of pseudo-membranous croup during the year past among white children. In one case tracheotomy was performed. Two were in the same family, within two days. Another occurred earlier in the year, in a house nearly opposite on the same street. This disease is considered of rare occurrence in this city, but ordinary laryngeal croup is common. Tracheotomy was resorted to in the case of a little girl six years old, and proved successful. Dr. Boyd, the operator in this case, informs me that he had performed this operation successfully in six cases at previous times; two were those of adults, the purpose of the operation being to facilitate the removal of morbid growths from the larynx.

During the last autumn there were sixty-three cases of measles among the inmates of the state deaf and dumb asylum located in Knoxville. The first case was that of a boy from a distant county, who was attacked a few days after his arrival. By a strict observance of non-intercourse with the inhabitants, no case occurred outside the asylum buildings. All the patients recovered without any unfavorable sequences, which was attributed by the attending physician to close watching for at least three weeks and confinement to the sick quarters.

The number of deaf mutes is about one hundred and twenty. In 1872 or 1873 there were some cases of severe typhoid fever among the inmates, four of which proved fatal. It was probably induced by foul air from an excavation made for the purpose of erecting an additional building on ground upon which refuse water and kitchen slops had been poured for many years.

The Knox County section of the East Tennessee Medical Society holds weekly meetings, and the average attendance is more than half the whole membership. The younger members of the profession take an unusual interest in the meetings.

There is one lady practitioner in the city, a graduate of a Philadelphia school. During the last summer, in a case of labor she was attending, laceration of the perinæum occurred. She at once proceeded to remedy the accident by an operation which is said to have been successful. Whether the laceration was a result of her want of skill or no, she is entitled to the credit of attempting an operation which her male *confrères* are not all able or ready to take in hand.

As a result of my own observations, as well as those of others, I have found amenorrhœa to be of comparatively rare occurrence in this region, while the reverse is very common, both in single and in married women. Girls generally menstruate at an early age (many at twelve), and the influence of habit and climate tends to a relaxation of fibre unknown in Northern latitudes. A recurrence of menstruation during lactation is quite common, and so much so among colored females that if they are not "regular" within eight weeks, they will call for medical advice. There is a tendency to laxity of mucous surfaces, probably from the influence of long warm seasons. Pulmonary hæmorrhage is often met with in persons who give no history of lung disease, and show no conclusive signs of organic lesion.

An interesting series of cases illustrating family insanity has lately come to our notice in the city. In midsummer a man about thirty-two years old shot himself; he had for some time shown signs of mental aberration. During the autumn a younger brother began to show signs of melancholy, and threatened suicide. He had been employed as clerk in the office of the pension agent, and in a few days after quitting work drowned himself in the river. These brothers were both married, but unhappily. In December a third brother, single, but of eccentric habits, also a clerk in the same office, began to talk of self-destruction, and by timely interference was taken to the state asylum. The father of these men was for years before his death a Methodist preacher, but was considered partially insane. A surviving sister is at present insane.

Our city physician has given me some items of his annual report. The total of deaths in the city and suburbs (embracing a total population of over eleven thousand) is two hundred and thirty-two, sixty-two suburban. Besides, there were fifteen still-births. In the city there were eighty-six whites and eighty-four blacks; this, according to population, gives a death-rate among whites of about sixteen in the thousand, and among blacks thirty-three. From zymotic diseases there were fifty-nine deaths. From miasmatic diseases there were thirteen deaths of negroes, and four of whites. Croup caused the death of four whites and one negro; diarrhœa, of one white person and six blacks; cholera morbus and cholera infantum, eleven whites and three blacks; consumption, thirteen whites and fourteen blacks. Quite a proportion of the whites that died of consumption were those who had come here from other localities too late to be benefited by a climatic change. Pneumonia caused twenty-five deaths. Many of those reported as dying from consumption were doubtless cases of chronic

pneumonia, and not of tuberculosis. Many blacks die from what is known in the South as "nigger consumption," which is more strictly a rapid disintegration of lung-tissue following pneumonia, and involving the lower lobes rather than the upper.

F. K. Bailey, M. D.

Knoxville, Tenn., *January* 15, 1876.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING JAN. 29, 1876.

	Estimated Population.	Total Mortality for the Week.	Annual Death-Rate per 1000 during Week.
New York	1,060,000	531	26
Philadelphia	800,000	353	23
Brooklyn	500,000	236	24
Boston	342,000	198	30
Providence	100,700	27	14
Worcester	50,000	10	11
Lowell	50,000	17	18
Cambridge	48,000	23	25
Fall River	45,000	19	22
Lawrence	35,000	5	7
Lynn	33,000		
Springfield	31,000	15	24
Salem	26,000	11	22

Normal Death-Rate, 17 per 1000.

Books and Pamphlets Received. — Twentieth Annual Report upon the Births, Marriages, and Deaths in the City of Providence, for the Year 1874. By Edwin M. Snow, M. D.

Twentieth Annual Report of the Trustees of the State Lunatic Hospital at Northampton.

Sanitary and Medical Reports for 1873 and 1874, by Officers of the United States Navy. Washington: Government Printing Office. 1875.

We understand that official information has been received from Philadelphia that the number of delegates from each state society to the International Medical Congress should correspond with that of the *Representatives* to Congress from that State.